

12-40
17-39
X23159
6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

State File No.

FILED JAN 8 1946

Registration District No. 2346

Primary Registration District No. 2346

Registrar's No. 2346

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4947 Heege Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community life
years, months or days 2

3. (a) PRINT FULL NAME John S. Murphy
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary E. McIntyre
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July 1 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Steam Roller Operator

11. Industry or business Highway

12. Name John Murphy

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Murphy

(b) Address 4947 Heege

17. (a) Burial (b) Date thereof 12-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation new SS Peter & Paul

18. (a) Signature of funeral director John L. Ziegenhauer

(b) Address 7027 Gravois Ave.

19. DEC 13 1946 (Date received local registration)

(Registrar's signature) R. Murphy

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4947 Heege Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1940 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12-5, 1940, to 12-11, 1940
that I last saw him alive on 12-11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis - Heart Failure

Due to Ch. Hypertension

Due to BT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. H. Steven (M. D. or other) 1

Address 8200 Gravois Date signed 12-12-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.